


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90121 036 ****61.25

DOCUMENT # N35109

1. Entity Name
CHINA-BURMA-INDIA VETERANS ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
**2295 COMO ST.
PORT CHARLOTTE FL 33948
US**

Mailing Address
**P.O. BOX 380280
MURDOCK FL 33938
US**

90018363



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2987473**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HUDSON, ELWOOD P.
2295 COMO ST.
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILKAT, ALBERT O	
STREET ADDRESS	7520 N.W. 7TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, ELWOOD P.	
STREET ADDRESS	PO BOX 380280	
CITY-ST-ZIP	MURDOCK FL 33938	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDIN, RUSSELL J.	
STREET ADDRESS	1356 KINGSWOOD CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, JAMES	
STREET ADDRESS	2836 BONGART RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, JOHN E.	
STREET ADDRESS	6323 17TH PL	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWELL C. SIMPSON	
STREET ADDRESS	1469 MAGELLIAN CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGLESTON, THOMAS	
STREET ADDRESS	5578 HERMITAGE RD. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHALIFOUR, LEE	
STREET ADDRESS	131 S.E. COLONIAL DR.	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON LENNERTZ	
STREET ADDRESS	2292 MADRID AV.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGE, RR DEANE	
STREET ADDRESS	1309 N.W. 28TH, ST.	
CITY-ST-ZIP	GAINESVILLE, FL. 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNZE, FRANK	
STREET ADDRESS	390 MYRTLEWOOD DR.	
CITY-ST-ZIP	MELBOURNE, FL. 39940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ELWOOD P. HUDSON** (REQUIRED) *[Signature]* **941-625-7912**
2/1/03

CR2E037 (10/02)